## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra & Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

10000

DOCUMENT # H95049  1. Corporation Name  UNITED STATES REFRACTORIES, INC.								
Principal Place of Business Mailing Address					h-Nada -			
1721 EGNER STREET P. O. BOX 1164								
į.			. 1104					
					3. Date Incorporated or Qualified 1/14/1986	3a. Date of Last F 4/20/9		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21 26					59-2637456	<b>├</b> }	Not Applicable	
Suite, Apt.	#, etc.	Surte, Apt #, etc.		5. Certificate of Status Desired		5 Additional		
Orty & State City & State					6. Election Campaign Financing		Required  May Be	
	SONVILLE, FLORIDA		7		Trust Fund Contribution	L Adde	d to Fees	
Zip 24 3220	Country Zp Cou				This corporation has liability for intangible tax under sides 199.032,     Florida Statutes			
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg			
				Name				
DON E. GRIFFIN			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
10530 RUNNING OAK COURT			83					
JACKSONVILLE, FL. 32246				· •.•				
•				City		FL   T	p Code	
<ol> <li>Pursuant t or register</li> </ol>	to the provisions of Sections 607,0502 a ed agent, or both, in the State of Florida	ind 607.1503, Florida Statut - Such char de was authoriz	es, the above r	named corpo	ration submits this statement for the purpourd of directors. I hereby accept the appoin	use of changing its requesters.	registered office	
larinar wi	th, and accept the obligations of, Section	n 607.0505, Florida Statutes	;		and the directors. Thoroby thought the appoint	there as registered	a agent. Fair.	
SIGNATURE .	Signature typed brains termania or registered a public	and the insplicance to the	Tit. Hilgericher Agei	Lagradore regiona	ad when too tating	DATE		
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICE		DRS IN 12	
TITLE	47 1 1 10		1 1 10216			☐ Change	ORS IN 12  ORS IN 12  ORS IN 12  ORS IN 12  ORS IN 12	
NAME STREET NOOSCOO	ORTITIN, DON E.		1.2 NAME				8	
STREET ADDRESS City - St - Zip	10530 RUNNING OAK COURT		13 STREET	ļ			ZEC	
TITLE			2 1 TITLE	1 - 718"		☐ Change	Addition C	
NAME	D/ 3		2.2 NAME			Sharings	L] Notice of	
STREET ADDRESS			23 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL. 32246		2.4 CITY - S	T - 21F				
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NAME OTRICET ADDRESS			3.2 NAME					
STREET ADDRESS . CHTY-ST-ZIP			33 STREET					
TITLE	34C			I - ZIP		Change	Addition	
NAME	421			ļ		change	L] Asocion	
STREET ADDRESS			43 STREET	ADDRESS		0000		
CITY - S! - ZIP			4.4.C-TY -S	I - ZiP	80000180: -05/06/960101	⊅U1515 2021		
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NAME			5.2 NAME		The state of the s			
STREET ADDRESS			5.3 SPREET			<b>6</b>		
CITY-ST-ZIF			5.4 CITY - S 6.1 TITLE	- ZIP		10	D Adds:	
NAME			6 2 NAME				Addition	
STREET ADDRESS			63 STREET	ADORESS.		~ ) ~ (	41.	
CITY-ST-ZIP			64 CITY - S			W/	17	
14. Ldo hereb	v certify that the information supplied wil	ty tais filma is voluntarily furn	ished and doos	not quality t	or the exemptor stated in Section 110.07	Phila Florida Cara	100 J C 40	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if) thanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON E. GRIFFIN